

JACKSONVILLE STATE UNIVERSITY

TRIAL SCHEDULE/REGISTRATION FORM

SEMESTER _____ **YEAR** _____

STUDENT NUMBER _____

NAME _____
LAST FIRST MIDDLE

MAILING ADDRESS _____

TELEPHONE NUMBER _____

CITY _____ **STATE** _____ **ZIP CODE** _____

CRN#	Dept	Course Number	Section	Course Title	Hours From - To	Days							Hours Credit	Instructor	Room/Bldg
						M	T	W	R	F	S	S			
TOTAL													APPROVED HOURS		

ALTERNATE COURSES

CRN#	Dept	Course Number	Section	Course Title	Hours From- To	Days							Hours Credit	Instructor	Room/Bldg
						M	T	W	T	F	S	S			

INSTRUCTIONS:

- 1) Prepare trial schedule with desired courses and alternates.
- 2) See advisor for approval of trial schedule (must obtain signature of advisor).
- 3) Present your signed trial registration form to the department secretary for "Alternate Pin" removal
- 4) You may register at my.jsu.edu

I AFFIRM MY UNDERSTANDING OF THE REGISTRATION AND PAYMENT PROCEDURES OF JACKSONVILLE STATE UNIVERSITY

SIGNATURE OF STUDENT

SIGNATURE OF ADVISOR

APPROVAL FOR EDUCATION COURSE

Processed By _____ Date _____ Do Not Write In This Space
